

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MICHIGAN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

     Not provided.

- b. Special tuberculosis (TB) related services under section 1902(a)(2)(F) of the Act.

     Provided:      With limitations\*

X Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Additional coverage --

- b. Services for any other medical conditions that may complicate pregnancy.

X Additional coverage --

-- Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

TN No. \_\_\_\_\_  
Supersedes \_\_\_\_\_ Approval Date 11/10/94 Effective Date 10/01/94  
TN No. 94-11

State/Territory: MICHIGAN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a eligible provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

23. Certified pediatric or family nurse practitioners' services.

Provided: ☐ No limitations ☒ With limitations\*

**OFFICIAL**

\*Description provided on attachment.

TN No. 92-5  
Supersedes 87-19 Approval Date 4-13-92 Effective Date 10-01-91  
TN No. 87-19

HCFA ID: 7986E

State/Territory: MICHIGAN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

\*Description provided on attachment.

TN No. 92-5

Supersedes

TN No. 86-05

Approval Date 4-13-92

Effective Date 10-01-91

HCFA ID: 7986E

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and community care for functionally disabled elderly individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

provided not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (a) authorized for the individual by a physician in accordance with a plan of treatment, (b) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (c) furnished in a home.

X provided X State approved (Not physician) service plan

allowed

X services outside the home also allowed

X limitations described on attachment

Not provided.